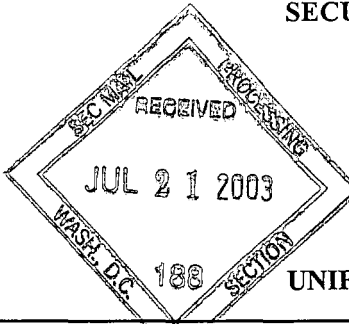


FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C 20549

OMB Approval	
OMB Number:	3235-0076
Expires:	August 31, 1998
Estimated average burden hours per response . . .	16.00



FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY	
Prefix	Serial
DATE RECEIVED	

Name of Offering (check if this is an amendment and name has changed, and indicate change.)
Osprey High Yield Opportunity Fund, L.P.

Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE

Type of Filing: New Filing Amendment

A. BASIC IDENTIFICATION DATA

I. Enter the information requested about the issuer

Name of Issuer (check if this is an amendment and name has changed, and indicate change.)
Osprey High Yield Opportunity Fund, L.P.

Address of Executive Offices (Number and Street, City, State, Zip Code)
801 12th Avenue, S., Suite 200, Naples, FL 34102

Telephone Number (Including Area Code)
(239) 263-6877

Address of Principal Business Operations (Number and Street, City, State, Zip Code)
(if different from Executive Offices)

Telephone Number (Including Area Code)

Brief Description of Business

Investment company

Type of Business Organization

corporation limited partnership, already formed other (please specify):
 business trust limited partnership, to be formed

Actual or Estimated Date of Incorporation or Organization: Month 06 Year 03 Actual Estimated

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State;

CN for Canada; FN for other foreign jurisdiction)

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

PROCESSED

JUL 23 2003

THOMSON FINANCIAL

BDP

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)
Osprey Asset Management, LLC

Business or Residence Address (Number and Street, City, State, Zip Code)
801 12th Avenue S., Suite 200, Naples, FL 34102

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)
Waser, Schröder & Company, Inc.

Business or Residence Address (Number and Street, City, State, Zip Code)
801 12th Avenue, S., Suite 200, Naples, FL 34102

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)
Waser, Schröder & Company, LLC

Business or Residence Address (Number and Street, City, State, Zip Code)
801 12th Avenue S., Suite 200, Naples, FL 34102

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

B. INFORMATION ABOUT OFFERING

1. Has the issuer sold or does the issuer intend to sell, to non-accredited investors in this offering? Yes No

Answer also in Appendix, Column 2, if filing under ULOE.

2. What is the minimum investment that will be accepted from any individual? \$ 250,000

3. Does the offering permit joint ownership of a single unit? Yes No

4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) All States

- [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]
- [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]
- [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]
- [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) All States

- [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]
- [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]
- [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]
- [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) All States

- [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]
- [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]
- [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]
- [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero". If the transaction is an exchange offering, check this box and indicate in the column below the amounts of the securities offered for exchange and already exchanged.

Type of Security	Aggregate Offering Price	Amount Already Sold
Debt.	\$ <u>0</u>	\$ <u>0</u>
Equity.	\$ <u>0</u>	\$ <u>0</u>
	<input type="checkbox"/> Common <input type="checkbox"/> Preferred	
Convertible Securities (including warrants).	\$ <u>0</u>	\$ <u>0</u>
Partnership Interests.	\$ <u>30,000,000</u>	\$ <u>5,500,000</u>
Other (Specify _____).	\$ <u>0</u>	\$ <u>0</u>
Total.	\$ <u>30,000,000</u>	\$ <u>5,500,000</u>

Answer also in Appendix, Column 3, if filing under ULOE

2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."

	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors.	_____	\$ <u>5,500,000</u>
Non-accredited Investors.	_____	\$ _____
Total (for filings under Rule 504 only)	_____	\$ _____

Answer also in Appendix, Column 4, if filing under ULOE

3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.

Type of offering	Type of Security	Dollar Amount Sold
Rule 505.	_____	\$ _____
Regulation A.	_____	\$ _____
Rule 504.	_____	\$ _____
Total.	_____	\$ _____

4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

Transfer Agent's Fees.	<input type="checkbox"/>	\$ _____
Printing and Engraving Costs.	<input type="checkbox"/>	\$ _____
Legal Fees.	<input checked="" type="checkbox"/>	\$ <u>25,000</u>
Accounting Fees.	<input type="checkbox"/>	\$ _____
Engineering Fees.	<input type="checkbox"/>	\$ _____
Sales Commissions (Specify finder's fees separately).	<input type="checkbox"/>	\$ _____
Other Expenses (identify) <u>Misc. expenses</u>	<input checked="" type="checkbox"/>	\$ <u>25,000</u>
Total.	<input checked="" type="checkbox"/>	\$ <u>50,000</u>

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

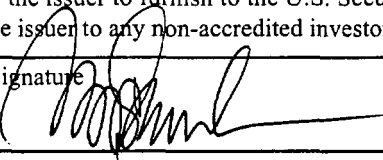
b. Enter the difference between the aggregate offering price given in response to Part C-Question 1 and total expenses furnished in response to Part C-Question 4.a. This difference is the "adjusted gross proceeds to the issuer." \$29,950,000

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C-Question 4.b. above.

	Payments to Officers, Directors, & Affiliates	Payments To Others
Salaries and fees <input type="checkbox"/>	\$ _____ <input type="checkbox"/>	\$ _____
Purchase of real estate. <input type="checkbox"/>	\$ _____ <input type="checkbox"/>	\$ _____
Purchase, rental or leasing and installation of machinery and equipment. <input type="checkbox"/>	\$ _____ <input type="checkbox"/>	\$ _____
Construction or leasing of plant buildings and facilities. <input type="checkbox"/>	\$ _____ <input type="checkbox"/>	\$ _____
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger. <input type="checkbox"/>	\$ _____ <input type="checkbox"/>	\$ _____
Repayment of indebtedness. <input type="checkbox"/>	\$ _____ <input type="checkbox"/>	\$ _____
Working capital. <input type="checkbox"/>	\$ _____ <input type="checkbox"/>	\$ _____
Other (specify) <u>Purchase high yield and distressed debt</u> <input type="checkbox"/>	\$ _____ <input type="checkbox"/>	\$ _____
<u>instruments through its investment in Osprey HYOF Limited, an international business company incorporated in the British Virgin Islands</u> <input checked="" type="checkbox"/>	\$ _____ <input type="checkbox"/>	\$ <u>29,950,000</u>
Column Totals. <input type="checkbox"/>	\$ _____ <input type="checkbox"/>	\$ _____
Total Payments Listed (column totals added)		<input checked="" type="checkbox"/> \$29,950,000

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b) (2) of Rule 502.

Issuer (Print or Type) <i>OSPREY HIGH YIELD OPPORTUNITY FUND, L.P.</i>	Signature 	Date <i>7/14/03</i>
Name of Signer (Print or Type) <i>MICHAEL J. SCHARFEDER</i>	Title of Signer (Print or Type) <i>DIRECTOR</i>	

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

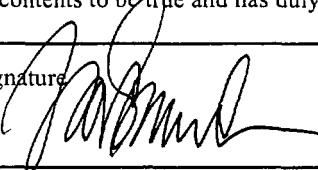
E. STATE SIGNATURE

1. Is any party described in 17 CFR 230.252 (c), (d), (e) or (f) presently subject to any of the disqualification provisions of such rule? Yes No

See Appendix, Column 5, for state response.

2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type) <i>OSPREY HIGH YIELD OPPORTUNITY FUND, L.P.</i>	Signature 	Date <i>7/14/03</i>
Name of Signer (Print or Type) <i>MICHAEL J. SCHROEDER</i>	Title of Signer (Print or Type) <i>DIRECTOR</i>	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1 State	2 Intend to sell to non-accredited investors in State (Part B-Item 1)		3 Type of security and aggregate offering price offered in state (Part C-Item 1)	4 Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
	Yes	No		Number of Accredited Investors	Amount	Number of Nonaccredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA									
CO									
CT									
DE									
DC									
FL		X	partnership int. \$25.0 M	4	\$1.5M				
GA									
HI									
ID									
IL									
IN									
IA		X	partnership int. \$.5 M	1	\$.5M				
KS									
KY									
LA									
ME									
MD		X	partnership int. \$1.0 M	2	\$1.0M				
MA									
MI									
MN									
MS									
MO									

APPENDIX

1	2		3	4				5	
	Intend to sell to non-accredited investors in State (Part B-Item 1)			Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Nonaccredited Investors	Amount	Yes	No
MT									
NE									
NV									
NH									
NJ									
NM									
NY									
NC									
ND									
OH		X	partnership int. \$2.5 M	2	\$2.5M				
OK									
OR									
PA									
RI									
SC									
SD									
TN									
TX									
UT									
VT									
VA									
WA									
WV									
WI									
WY									
PR									

Form U-2

Form U-2 Uniform Consent to Service of Process

Know all men by these presents:

Osprey High Yield Opportunity

That the undersigned Fund, L.P. ~~(a corporation), (a partnership), a~~

(limited partnership) organized under the laws of Delaware ~~or (an individual), (sole out~~

~~inapplicable nonresident)~~ for purposes of complying with the laws of the States indicated hereunder relating to either the registration or sale of securities, hereby irrevocably appoints the officers of the States so designated hereunder and their successors in such offices, its attorney in those States so designated upon whom may be served any notice, process or pleading in any action or proceeding against it arising out of, or in connection with, the sale of securities or out of violation of the aforesaid laws of the States so designated; and the undersigned does hereby consent that any such action or proceeding against it may be commenced in any court of competent jurisdiction and proper venue within the States so designated hereunder by service of process upon the officers so designated with the same effect as if the undersigned was organized or created under the laws of that State and have been served lawfully with process in that State.

It is requested that a copy of any notice, process or pleading served hereunder be mailed to:

Albert N. Salvatore

(Name)

Roetzel & Andress
1375 East Ninth Street, 10th Floor, Cleveland, Ohio 44114

(Address)

Place an "X" before the name of all the States for which the person executing this form is appointing the designated Officer of that State as its attorney in that State for receipt of service of process:

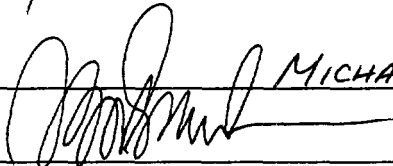
- | | | | | | |
|--------------------------|-------------|---|--------------------------|----------------------|--------------------------------------|
| <input type="checkbox"/> | ALABAMA | Secretary of State | <input type="checkbox"/> | DELAWARE | Securities Commissioner |
| <input type="checkbox"/> | ALASKA | Administrator of the Division of Banking and Corporations, Department of Commerce and Economic Development. | <input type="checkbox"/> | DISTRICT OF COLUMBIA | Public Service Commission |
| <input type="checkbox"/> | ARIZONA | The Corporation Commission | <input type="checkbox"/> | FLORIDA | Department of Banking and Finance |
| <input type="checkbox"/> | ARKANSAS | The Securities Commissioner | <input type="checkbox"/> | GEORGIA | Commissioner of Securities |
| <input type="checkbox"/> | CALIFORNIA | Commissioner of Corporations | <input type="checkbox"/> | GUAM | Administrator, Department of Finance |
| <input type="checkbox"/> | COLORADO | Securities Commissioner | <input type="checkbox"/> | HAWAII | Commissioner of Securities |
| <input type="checkbox"/> | CONNECTICUT | Banking Commissioner | <input type="checkbox"/> | IDAHO | Director, Department of Finance |

— ILLINOIS	Secretary of State	— NORTH CAROLINA	Secretary of State
— INDIANA	Secretary of State	— NORTH DAKOTA	Securities Commissioner
— IOWA	Commissioner of Insurance	X OHIO	Secretary of State
— KANSAS	Secretary of State	— OREGON	Director, Department of Insurance and Finance
— KENTUCKY	Director, Division of Securities	— OKLAHOMA	Securities Administrator
— LOUISIANA	Commissioner of Securities	... PENNSYLVANIA	Pennsylvania does not require filing of a Consent to Service of Process.
— MAINE	Administrator, Securities Division	— PUERTO RICO	Commissioner of Financial Institutions
— MARYLAND	Commissioner of the Division of Securities	— RHODE ISLAND	Director of Business Regulation
— MASSACHUSETTS	Secretary of State	— SOUTH CAROLINA	Secretary of State
— MICHIGAN	Administrator, Corporation and Securities Bureau, Department of Commerce	— SOUTH DAKOTA	Director of the Division of Securities
— MINNESOTA	Commissioner of Commerce	— TENNESSEE	Commissioner of Commerce and Insurance
— MISSISSIPPI	Secretary of State	— TEXAS	Securities Commissioner
— MISSOURI	Securities Commissioner	— UTAH	Director, Division of Securities
— MONTANA	State Auditor and Commissioner of Insurance	— VERMONT	Secretary of State
— NEBRASKA	Director of Banking and Finance	— VIRGINIA	Clerk, State Corporation Commission
— NEVADA	Secretary of State	— WASHINGTON	Director of the Department of Licensing
— NEW HAMPSHIRE	Secretary of State	— WEST VIRGINIA	Commissioner of Securities
— NEW JERSEY	Chief, Securities Bureau	— WISCONSIN	Commissioner of Securities
— NEW MEXICO	Director, Securities Division	— WYOMING	Secretary of State
— NEW YORK	Secretary of State		

Dated this 14TH day of July, 192003.

(SEAL)

By

 MICHAEL J. SCHROEDER

Title

Director

CORPORATE ACKNOWLEDGMENT

State or Province of _____ }
County of _____ } ss.

On this _____ day of _____, 19____ before me _____ the undersigned officer, personally appeared _____ known personally to me to be the _____ of the above named corporation and acknowledged that he, as an officer being authorized so to do, executed the foregoing instrument for the purposes therein contained, by signing the name of the corporation by himself as an officer.

IN WITNESS WHEREOF I have hereunto set my hand and official seal.

Notary Public/Commissioner of Oaths

My Commission Expires _____

(SEAL)

INDIVIDUAL OR PARTNERSHIP ACKNOWLEDGMENT

State or Province of FLORIDA }
County of COLLIER } ss.

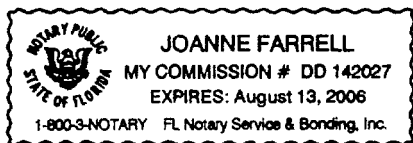
On this 14th day of JULY, ~~2003~~ before me JOANNE FARRELL the undersigned officer, personally appeared MICHAEL J. SCHROEDER to me personally known and known to me to be the same person(s) whose name(s) is (are) signed to the foregoing instrument and acknowledged the execution thereof for the use and purpose therein set forth.

IN WITNESS WHEREOF I have hereunto set my hand and official seal.

Joanne Farrell
Notary Public/Commissioner of Oaths

My Commission Expires 8/13/2006

(SEAL)



INSTRUCTIONS TO FORM U-2
UNIFORM CONSENT TO SERVICE OF PROCESS

1. The name of the issuer is to be inserted in the blank space on line 1 of Uniform Form U-2 ("Form").
2. The type of person executing the Form is to be described by striking out the inapplicable nomenclature in lines 2-4 and, if appropriate, by inserting a description of the person in the blank space provided on line 2 of the Form.
3. The name of the jurisdiction under which the issuer was formed or is to be formed is to be inserted in the blank space on line 3 of the Form.
4. The person to whom a copy of any notice, process, or pleading which is served pursuant to the Consent to Service of Process is to be inserted in the appropriate blank spaces at the end of page 1 of the Form.
5. An "X" is to be placed in the space before the names of all States which the person executing this Form lawfully is appointing the officer of each State so designated on the Form as its attorney in that State for receipt of service of process.
6. A manually signed Form must be filed with each State requiring a Consent to Service of Process on Form U-2 at the office so designated by the laws or regulations of that State and must be accompanied by the exact filing fee, if any.
7. The Form must be signed by the issuer. If the issuer is a corporation, it should be signed in the name of the corporation by an executive officer duly authorized; if a partnership, it should be signed in the name of the partnership by a general partner; and if an unincorporated association or other organization which is not a partnership, the Form should be signed in the name of such organization by a person responsible for the direction or management of its affairs.
8. If the Form is mailed, it is advisable to send it by registered or certified mail, postage prepaid, return receipt requested.